### PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

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Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax
(571)-273-2885



| appropriate. All further c                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | correspondence including<br>d below or directed oth                                                                                      | g the Patent, advance or                                                                                                     | ders and notification of m                                                                                                                                                                                                                                                                                                        | aintenance fees w                                                                                                                                                                                                                                                                             | ill be n                                            | nailed to the current                                                                                                       | hould be completed where correspondence address as trate "FEE ADDRESS" for                                                                            |  |
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| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                          |                                                                                                                              |                                                                                                                                                                                                                                                                                                                                   | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. |                                                     |                                                                                                                             |                                                                                                                                                       |  |
| BUCHANAN, INGERSOLL & ROONEY PC<br>POST OFFICE BOX 1404<br>ALEXANDRIA, VA 22313-1404                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                          |                                                                                                                              |                                                                                                                                                                                                                                                                                                                                   | Cert<br>chy certify that this<br>s Postal Service w<br>essed to the Mail                                                                                                                                                                                                                      | tificate<br>is Fec(s)<br>ith suff<br>Stop I         | of Mailing or Trans                                                                                                         | mission g deposited with the United st class mail in an envelope above, or being facsimile                                                            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                          |                                                                                                                              |                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                               |                                                     |                                                                                                                             | (Depositor's name)                                                                                                                                    |  |
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| APPLICATION NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | FILING DATE                                                                                                                              |                                                                                                                              | FIRST NAMED INVENTOR                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                               | ATTOR                                               | RNEY DOCKET NO.                                                                                                             | CONFIRMATION NO.                                                                                                                                      |  |
| 10/588,026                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 11/08/2006                                                                                                                               |                                                                                                                              | Hiroki Sasagawa                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                               | 10                                                  | 19952-000215                                                                                                                | 9211                                                                                                                                                  |  |
| TITLE OF INVENTION:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ARM INSERTION TY                                                                                                                         | PE SPHYGMOMANOM                                                                                                              | DETER                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                               |                                                     |                                                                                                                             |                                                                                                                                                       |  |
| APPLN. TYPE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | SMALL ENTITY                                                                                                                             | ISSUE FEE DUE                                                                                                                | PUBLICATION FEE DUE                                                                                                                                                                                                                                                                                                               | PREV. PAID ISSUE                                                                                                                                                                                                                                                                              | E FEE                                               | TOTAL FEE(S) DUE                                                                                                            | DATE DUE                                                                                                                                              |  |
| nonprovisional                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | NO                                                                                                                                       | \$1440                                                                                                                       | \$300                                                                                                                                                                                                                                                                                                                             | \$0<br><b>9</b> 7/28                                                                                                                                                                                                                                                                          | 3/2008                                              | MAHHED2 00000                                                                                                               | 09/04/2008<br>024800 10588026                                                                                                                         |  |
| EXAMI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | NER                                                                                                                                      | ART UNIT                                                                                                                     | CLASS-SUBCLASS                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                               | C:1501                                              |                                                                                                                             |                                                                                                                                                       |  |
| тотн, к                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | AREN E                                                                                                                                   | 3735                                                                                                                         | 600-493000                                                                                                                                                                                                                                                                                                                        | 02 FC                                                                                                                                                                                                                                                                                         | 1:1504                                              | 300.00                                                                                                                      | DA                                                                                                                                                    |  |
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                          |                                                                                                                              | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. |                                                                                                                                                                                                                                                                                               |                                                     |                                                                                                                             |                                                                                                                                                       |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                          |                                                                                                                              | THE PATENT (print or typ                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                               |                                                     |                                                                                                                             |                                                                                                                                                       |  |
| PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                          |                                                                                                                              |                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                               |                                                     |                                                                                                                             |                                                                                                                                                       |  |
| TERUMO KABUSHIKI KAISHA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                          |                                                                                                                              | SHIBUYA-KU, TOKYO, JAPAN                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                               |                                                     |                                                                                                                             |                                                                                                                                                       |  |
| Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                          |                                                                                                                              |                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                               |                                                     |                                                                                                                             |                                                                                                                                                       |  |
| 4a. The following fee(s) are submitted:  State   State |                                                                                                                                          |                                                                                                                              | D. Payment of Fee(s): (Plea<br>A check is enclosed.<br>Payment by credit carr<br>The Director is hereby<br>overpayment, to Depor                                                                                                                                                                                                  | d. Form PTO-2038                                                                                                                                                                                                                                                                              | is attac                                            | ched.                                                                                                                       | shown above) efficiency, or credit any on cxtra copy of this form).                                                                                   |  |
| • •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | SMALL ENTITY statu                                                                                                                       | s. See 37 CFR 1.27.                                                                                                          | b. Applicant is no long                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                               |                                                     |                                                                                                                             |                                                                                                                                                       |  |
| NOTE: The Issue Fee and interest as shown by the re                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | I Publication Fee (if requeeords of the United Sta                                                                                       | uired) will not be accepted<br>tes Patent and Trademark                                                                      | d from anyone other than the Office.                                                                                                                                                                                                                                                                                              | ne applicant; a regi                                                                                                                                                                                                                                                                          | istered a                                           | ttorney or agent; or the                                                                                                    | he assignee or other party in                                                                                                                         |  |
| Authorized Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Mothels                                                                                                                                  | hul                                                                                                                          |                                                                                                                                                                                                                                                                                                                                   | Date                                                                                                                                                                                                                                                                                          | لم أ                                                | 24,2008                                                                                                                     |                                                                                                                                                       |  |
| Typed or printed name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Matthew                                                                                                                                  | L. Schneider                                                                                                                 |                                                                                                                                                                                                                                                                                                                                   | Registration N                                                                                                                                                                                                                                                                                | ło                                                  | 32,814                                                                                                                      |                                                                                                                                                       |  |
| This collection of information application. Confident submitting the completed this form and/or suggestion 1450. Alexandria, Vi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ntion is required by 37 C<br>iality is governed by 35<br>application form to the<br>ons for reducing this bur-<br>irginia 22313-1450. DC | FR 1.311. The informatic<br>U.S.C. 122 and 37 CFR<br>USPTO. Time will vary<br>den, should be sent to the<br>NOT SEND FEES OR | on is required to obtain or r<br>1.14. This collection is est<br>depending upon the indiv<br>e Chief Information Office<br>COMPLETED FORMS TO                                                                                                                                                                                     | etain a benefit by t<br>imated to take 12 i<br>idual case. Any co<br>r, U.S. Patent and<br>D THIS ADDRESS                                                                                                                                                                                     | he publi<br>minutes<br>omments<br>Tradem<br>S. SENE | ic which is to file (an<br>to complete, including<br>s on the amount of the<br>park Office, U.S. Dep<br>of TO: Commissioner | d by the USPTO to process)<br>ng gathering, preparing, and<br>me you require to complete<br>vartment of Commerce, P.O.<br>for Patents, P.O. Box 1450, |  |

Alexandria, Virginia 22313-1450.

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#### PART B - FEE(S) TRANSMITTAL

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| appropriate All further                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | correspondence including<br>d helow or directed other                                              | o the Patent advance                                                                                                                                                                                                                                                                                                                  | orders and notification (                                                                             | or ma                                                                                                                                                                                                                                                                                         | iintenance tees will be                                                                                           | mailed to the current    | chould be completed where correspondence address as arate "FEE ADDRESS" for |
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| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                    |                                                                                                                                                                                                                                                                                                                                       |                                                                                                       | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. |                                                                                                                   |                          |                                                                             |
| 21839                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 7590 06/04/                                                                                        | 2008                                                                                                                                                                                                                                                                                                                                  |                                                                                                       |                                                                                                                                                                                                                                                                                               |                                                                                                                   | te of Mailing or Trans   | emission                                                                    |
| BUCHANAN,<br>POST OFFICE I<br>ALEXANDRIA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ]<br>S<br>3                                                                                        | l here<br>States<br>addres<br>transn                                                                                                                                                                                                                                                                                                  | by certify that this Fee<br>Postal Service with si<br>ssed to the Mail Stor<br>nitted to the USPTO (5 | e(s) Transmittal is bein<br>afficient postage for fir<br>o ISSUE FEE address<br>(71) 273-2885, on the o                                                                                                                                                                                       | g deposited with the United<br>st class mail in an envelope<br>above, or being facsimile<br>date indicated below. |                          |                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                    |                                                                                                                                                                                                                                                                                                                                       |                                                                                                       |                                                                                                                                                                                                                                                                                               |                                                                                                                   |                          | (Depositor's name)                                                          |
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| APPLICATION NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | FILING DATE                                                                                        |                                                                                                                                                                                                                                                                                                                                       | FIRST NAMED INVENT                                                                                    | ror                                                                                                                                                                                                                                                                                           | A.I.J.                                                                                                            | ORNEY DOCKET NO.         | CONFIRMATION NO.                                                            |
| 10/588,026                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 11/08/2006                                                                                         | <u>-</u>                                                                                                                                                                                                                                                                                                                              | Hiroki Sasagawa                                                                                       |                                                                                                                                                                                                                                                                                               |                                                                                                                   | 1019952-000215           | 9211                                                                        |
| TITLE OF INVENTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | : ARM INSERTION TY                                                                                 | PE SPHYGMOMANO                                                                                                                                                                                                                                                                                                                        | OMETER                                                                                                |                                                                                                                                                                                                                                                                                               |                                                                                                                   |                          |                                                                             |
| APPLN, TYPE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | SMALL ENTITY                                                                                       | ISSUE FEE DUE                                                                                                                                                                                                                                                                                                                         | PUBLICATION FEE D                                                                                     | UE                                                                                                                                                                                                                                                                                            | PREV. PAID ISSUE FEE                                                                                              | TOTAL FEE(S) DUI         | E DATE DUE                                                                  |
| nonprovisional                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | NO                                                                                                 | \$1440                                                                                                                                                                                                                                                                                                                                | \$300                                                                                                 |                                                                                                                                                                                                                                                                                               | \$0                                                                                                               | \$1740                   | 09/04/2008                                                                  |
| EXAM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | IINER                                                                                              | ART UNIT                                                                                                                                                                                                                                                                                                                              | CLASS-SUBCLASS                                                                                        |                                                                                                                                                                                                                                                                                               |                                                                                                                   |                          |                                                                             |
| тотн, к                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | AREN E                                                                                             | 3735                                                                                                                                                                                                                                                                                                                                  | 600-493000                                                                                            |                                                                                                                                                                                                                                                                                               |                                                                                                                   |                          |                                                                             |
| I. Change of correspond<br>CFR 1.363).  Change of correspond of corresponding of corresponding of corresponding of the corresponding of th | (1) the names of u or agents OR, alter (2) the name of a s registered attorney 2 registered patent | reprinting on the patent front page, list the names of up to 3 registered patent attorneys ents OR, alternatively, the name of a single firm (having as a member a tered attorney or agent) and the names of up to isstered patent attorneys or agents. If no name is 1, no name will be printed.  BUCHANAN INGERSOLL  2 ROONEY PC  3 |                                                                                                       |                                                                                                                                                                                                                                                                                               |                                                                                                                   |                          |                                                                             |
| 3. ASSIGNEE NAME A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ND RESIDENCE DATA                                                                                  | A TO BE PRINTED O                                                                                                                                                                                                                                                                                                                     | N THE PATENT (print o                                                                                 | r type                                                                                                                                                                                                                                                                                        | e)                                                                                                                |                          |                                                                             |
| 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                    |                                                                                                                                                                                                                                                                                                                                       |                                                                                                       |                                                                                                                                                                                                                                                                                               |                                                                                                                   |                          |                                                                             |
| (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                    |                                                                                                                                                                                                                                                                                                                                       |                                                                                                       |                                                                                                                                                                                                                                                                                               |                                                                                                                   |                          |                                                                             |
| TERUMO KABUSHIKI KAISHA SHIBUYA-KU, TOKYO, JAPAN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                    |                                                                                                                                                                                                                                                                                                                                       |                                                                                                       |                                                                                                                                                                                                                                                                                               |                                                                                                                   |                          |                                                                             |
| Please check the appropr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | riate assignee category or                                                                         | categories (will not be                                                                                                                                                                                                                                                                                                               | e printed on the patent):                                                                             | <u> </u>                                                                                                                                                                                                                                                                                      | Individual Corpor                                                                                                 | ation or other private g | roup entity Government                                                      |
| 4a. The following fee(s)  Silesue Fee  Discussion Fee (I)  Advance Order                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | No small entity discount p                                                                         | permitted)                                                                                                                                                                                                                                                                                                                            |                                                                                                       | ed.<br>it card                                                                                                                                                                                                                                                                                | f. Form PTO-2038 is a                                                                                             | ttached.                 | e shown above)<br>deficiency, or credit any<br>an extra copy of this form). |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | itus (from status indicate                                                                         |                                                                                                                                                                                                                                                                                                                                       |                                                                                                       |                                                                                                                                                                                                                                                                                               |                                                                                                                   |                          |                                                                             |
| a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).  NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                    |                                                                                                                                                                                                                                                                                                                                       |                                                                                                       |                                                                                                                                                                                                                                                                                               |                                                                                                                   |                          |                                                                             |
| NOTE: The Issue Fee ar interest as shown by the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | nd Publication Fee (if requestre of the United Sta                                                 | uired) will not be acce<br>tes Patent and Tradem                                                                                                                                                                                                                                                                                      | pted from anyone other thark Office.                                                                  | nan th                                                                                                                                                                                                                                                                                        | ne applicant; a registere                                                                                         | a attorney or agent; or  | the assignee or other party in                                              |
| Authorized Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Modfiel                                                                                            | hul                                                                                                                                                                                                                                                                                                                                   |                                                                                                       |                                                                                                                                                                                                                                                                                               | Date Jy                                                                                                           | 24,2008                  |                                                                             |
| Typed or printed nam                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Matthew                                                                                            | L. Schneide                                                                                                                                                                                                                                                                                                                           | r                                                                                                     |                                                                                                                                                                                                                                                                                               | Registration No.                                                                                                  | 32,814                   |                                                                             |

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| In re Patent Application of                | MAIL STOP ISSUE FEE    |
|--------------------------------------------|------------------------|
| Hiroki Sasagawa et al.                     | Confirmation No.: 9211 |
| Application No.: 10/588,026                |                        |
| Filing Date: November 8, 2006              | )<br>                  |
| Title: ARM INSERTION TYPE SPHYGMOMANOMETER |                        |

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Respectfully submitted,

**BUCHANAN INGERSOLL & ROONEY PC** 

Date: <u>Th, 24, 200</u> By:

Matthew L. Schneider Registration No. 32,814

P.O. Box 1404 Alexandria, VA 22313-1404 703 836 6620



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